



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/797,558
Filing Date:: March 10, 2004
Application Type:: Regular
Subject Matter:: Utility
Title:: Temporary Intraluminal Filter Guidewire
Attorney Docket Number:: PA563 DIV1
Request for Early Publication?: No
Request for Non-Publication?: No
Total Drawing Sheets:: 13
Small Entity:: No

APPLICANT INFORMATION

Applicant Authority Type:: 1st Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: NAREAK
Family Name:: DOUK
City of Residence:: Lowell
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 905 Lakeview Avenue
City of mailing address:: Lowell
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 01850

Applicant Authority Type:: 2nd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: NASSER

Family Name:: RAFIEE
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 39 Abbot Street
City of mailing address:: Andover
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 01810

Applicant Authority Type:: 2nd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DAVID
Middle Name:: S.
Family Name:: BRIN
City of Residence:: Santa Rosa
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2345 Circadian Way
City of mailing address:: Santa Rosa
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95407

Applicant Authority Type:: 3rd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: PETER
Middle Name:: G.
Family Name:: STRICKLER
City of Residence:: Tewksbury

State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 71 Sesame Street
City of mailing address:: Tewksbury
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 01876

Applicant Authority Type:: 4th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JERRY
Family Name:: BRIGHTBILL
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 26 Waldorf Road
City of mailing address:: Newton
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 02461

Applicant Authority Type:: 5th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JAMES
Middle Name:: F.
Family Name:: CRITTENDEN
City of Residence:: Hollis
State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 232 Worcester Road

City of mailing address:: Hollis
State/ Province of mailing address:: NH
Country of mailing address:: US
Postal/Zip Code of mailing address:: 03049

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28390
Name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403
Phone Number:: (707) 543-0221
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E-Mail address:: catherine.maresh@medtronic.com

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of::	09/918,441	7/27/2001
09/918,441	Continuation-in-part of::	09/824,832	4/3/2001

ASSIGNEE INFORMATION

Assignee name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403